

# Wisconsin Department of Safety and Professional Services

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Website: http://dsps.wi.gov

## DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

### APPLICATION FOR STATEWIDE PEDDLER'S LICENSE

#### NO FEE REQUIRED

**Please complete the application in full and attach information requested below.**

Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support (sec. 440.12, Stats.).

☐ Your name and address are available to the public.  
☐ Check box to withhold street address/PO Box number from lists of 10 or more credential holders (Wis. Stat. § 440.14)

**PLEASE TYPE OR PRINT IN INK**

Last Name	First Name	MI	Former / Maiden Name(s)
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Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth _____ month      day      year	Daytime Telephone Number (      )      -      _____
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Ethnic/gender status information is optional.      Sex: ☐ M      ☐ F      Ethnic: ☐ White, not of Hispanic origin      ☐ Black, not of Hispanic origin      ☐ Hispanic      ☐ American Indian or Alaskan      ☐ Asian or Pacific Islander      ☐ Other

Have you ever held a license/credential in the state of Wisconsin?      \_\_\_\_ Yes      \_\_\_\_ No (please indicate)  
If yes, provide your Wisconsin license/credential number.      \_\_\_\_\_

HAVE YOU BEEN A RESIDENT OF WISCONSIN FOR AT LEAST 5 YEARS?      ☐ Yes      ☐ No

TYPE OF DISABILITY: <input type="checkbox"/> Cardiac <input type="checkbox"/> Loss of Limb(s) <input type="checkbox"/> Blindness <input type="checkbox"/> Other _____	PERCENTAGE OF DISABILITY
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**NOTE: PLEASE ATTACH A COPY OF THE VETERAN'S ADMINISTRATION AWARD LETTER WITH THIS APPLICATION.**

Pursuant to sec. 440.51, Stats., it will be necessary for you to carry the Veteran's Administration award letter and your license with you while engaged in business.

If you are disabled by blindness as defined under Title XVI of the Social Security Act, please attach verification of such disability, if not indicated in the Veteran's Administration award letter.

# Wisconsin Department of Safety and Professional Services

## CERTIFICATION OF LEGAL STATUS.

I declare under penalty of law that I am (check one):

\_\_\_\_\_ a citizen or national of the United States, or

\_\_\_\_\_ a qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

## ALL APPLICANTS MUST COMPLETE THIS SECTION

### AFFIDAVIT OF APPLICANT

**I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause for disciplinary action.**

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Signature of Applicant

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Date

# Wisconsin Department of Safety and Professional Services

**SOCIAL SECURITY NUMBER.** Your social security number (or employer identification number if you are applying as a business entity) must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.<sup>1</sup> A form for submitting a statement that you do not have a social security number is available from the department.

(Please Print)

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**First Name**

**Middle Initial**

**Last Name**

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Profession

Date of Birth

\_\_\_\_\_  
month

\_\_\_\_\_  
day

\_\_\_\_\_  
year

-  -

Social Security Number or FEIN

The Department may not disclose the social security number collected above except to the Department of Children and Families for purposes of administering the child and spousal support program,<sup>2</sup> to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes,<sup>3</sup> and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.<sup>4</sup>

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<sup>1</sup> Section 440.03 (11m), Wis. Stats.

<sup>2</sup> Sections 49.22, and 440.13, Wis. Stats.

<sup>3</sup> Section 440.12, Wis. Stats.

<sup>4</sup> Health Insurance Portability and Accountability Act (HIPAA) of 1996